Department of Health Care Policy and Financing

Physician Statement of Consumer Capability

Client Information

Full Legal Name **Clients Medicaid ID Number**

The above named client is interested in receiving Consumer Directed Attendant Support Services (CDASS). The client or the client's authorized representative will be responsible for selecting, training and directing attendants, who will provide care for the client.

Definitions

1. **Stable health** means a condition of health that necessitates a predictable pattern of attendant support, allowing for variation consistent with a medically determinable progression or variation of disability or illness.
2. **Ability to manage the health aspects of his/her life** means the capacity to understand and monitor principles and conditions of basic health and the knowledge of how, when and where to seek medical help of an appropriate nature.
3. **Ability to direct his or her own care** means the ability to explain to an attendant, the procedures or services needed, in a way that the attendant understands and can provide the necessary care.
4. **Authorized Representative (AR)** means an individual designated by the client or legal guardian of the client who has the judgment and ability to direct the care on the client's behalf.

Physician Statement and Signature

As the treating physician of the client listed above, please answer the following questions.
Check one box for each question.

1. Are you this client's primary care physician?	☐ Yes	☐ No
2. Is the client in stable health?	☐ Yes	☐ No
3. Does the client have the ability to manage the health aspects of his or her life?	☐ Yes	☐ No
4. Does the client have sound judgment and the ability to direct His or her own care?	☐ Yes	☐ No

Physician Name (print) **Signature** **Date**

Street Address **City** **State** **Zip**

( )

Telephone Number **Specialty/Practice Area**